

TEETHING
AND
CROUP.

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TEETHING

AND

CROUP.

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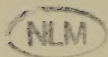
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PREFACE.

These papers may be called "Occasional Papers on Diseases of Children." Having been asked to publish them in a separate form, they are issued in the hope that they may prove of practical value, and that the directions for the selection of medicines will be found easy of application.

7 *Harley street, Cavendish Square, W.*

1873.

To adapt this valuable little work to the peculiarities of those affections as met with in America, a few Notes and Additions are made, which will be found enclosed in [] brackets. It is hoped that they will add to the usefulness of a brochure that should have as wide a circulation in America as it has had in Great Britain.

T. C. D.

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TEETHING:

CAUSES OF HIGH MORTALITY AMONG YOUNG CHILDREN.

It is stated that amongst children one-third die before attaining the age of twenty-three months, much of this mortality being due to TEETHING, DENTITION.

[Fifty years ago, the world renowned Hufeland, wrote: "Dentition becomes one of the most frequent causes of the diseases of children." According to the statistics of Chicago for 1878, dentition caused the death of seventy-one children (out of 2,455 deaths.) Where nutrition is at fault, dentition may be a grave complication especially if there is a large development of the nervous system, but this I do know, that children can teethe even in the hot weather, and remain comparatively well. Teething does not cause one-tenth of the sickness it is credited with. A prominent New York physician, Dr. Jacobi, wrote a book to combat this popular error." *How to Feed Children*, p. 20.

[Although dentition is a natural process of development, in many children it is a trying one, and may possibly call into fatal activity latent tendencies to disease. Indeed, in the United States census report for 1860 no less than 4,909 deaths are ascribed to this cause. In 1870 the number fell to 3,247 is due doubtless to a more enlightened diagnosis." See *The Feeding and Management of Infants and Children, etc.*, p. 229.]

But other causes, such as improper feeding, want of judgment in matters of clothing, bad air, exposure to cold, and to changes of climate that are unavoidable, impressions produced by outward objects acting hurtfully, undue excitement and fright, contribute their share.

In the child itself great changes are going on that render it peculiarly susceptible to hurtful influences. The brain is being rapidly developed, and its first covering of loose bone and integument replaced by a firm bony case. The circulation is active, and easily disturbed. Convulsions are readily produced, the liability to them lessening as the brain acquires more control over the spinal system. At first, the mouth is dry; but, as the time of teething approaches, the salivary glands become active, and the saliva begins to flow away freely. For these reasons, the

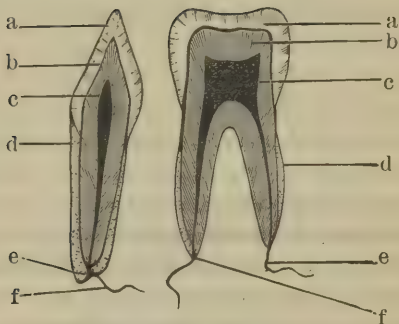
process of teething is regarded as one of danger, and is a time of anxiety to mothers, while medical men are often influenced in their prognosis in illness by the condition of the gums, [and of the stomach, which is more or less deranged at this time.]

STRUCTURE OF THE TEETH.

A vertical section of the human tooth is a beautiful microscopic object, and shows how wondrously each part is adapted for what is needed.

A tooth consists of a *crown*, the part that appears above the gum ; a *neck*, the slightly constricted portion between the crown and fang ; a *fang* or *fangs*, that portion that is fitted into the socket.

A tooth is composed of *enamel*, which forms a hardened covering for the portion above the gum ; *dentine* or *ivory*, that forms the bulk of the tooth ; *bone*, which forms a sort of sheath to the fang, and is also called *cement* or *crusta petrosa*. At the bottom of the fang there is an opening through which the vessels and nerve enter,—these, with the connecting tissue, form the *tooth pulp*, which fills up a cavity in the centre of the ivory ; the roots or fangs are covered with a membrane called the *periosteum*, which also covers the inside of the *alveoli* or sockets, and becomes continuous with the gum. Anatomists



SECTION VIEW OF TEETH.

This cut represents a lower molar and an upper incisor, split vertically, to show the different structures (magnified). (a) Enamel, (b) Dentine, (c) Pulp or "nerve," (d) Cementum, (e) Foramen, or orifice at end of root, (f) Nerves and blood-vessels entering to the pulp.

describe also a calcified membranous coating of the enamel, called the *cuticle* of the enamel.

ORDER IN WHICH THE TEETH APPEAR.

The formation of the teeth begins as early as the third month, and is far advanced at birth, the incisors and crowns of molars being formed.

A groove is first noticed in the gum, from the bottom of which *papillæ*, containing blood vessels and nerves, grow; the groove gradually closes over, each papilla becomes separated by a bony growth, these forming the *alveoli*, enclosing each tooth in a separate sac. Osseous matter is gradually deposited, the gum is absorbed, and, finally, the tooth protrudes, or, as it is called, is *cut*. Children have been born with two incisors visible. Richard III. is made by Shakespeare to say that he was born with teeth. Louis XIV., also, is said to have been born with teeth, but such cases are very rare, and are not attended with the dire consequences spoken of by Shakspeare.

The teeth appear somewhat in the following order: Towards the end of the seventh month after birth, first one *incisor*, and soon after a second, appears in the center of the lower jaw, and are followed by two corresponding teeth in the upper jaw; then two

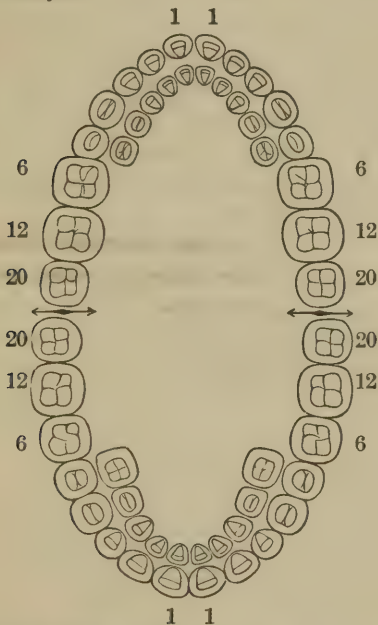
more in the *upper* jaw, then two in the lower, making eight incisor teeth. These have appeared by the end of the tenth month, but there are often exceptions both as regards time and order.

[Instead of this order the two lower lateral incisors are often tardy in appearing and the first molars or back teeth may appear with them. Cutting these six teeth at once may make the child very ill. For the various deviations and their effects see *Diseases of Infants and Children, and their Homœopathic Treatment*, Vol., I p. 267-290.]

From the twelfth to the fourteenth month four anterior *molars* follow; they are called *grinders* or molar from *mola*, a millstone. From the fourteenth to the twentieth month, four *canine teeth* appears between the molars and incisors. These are also called the *cuspidate*, from *cuspis*, a point. They are also called the *eye teeth*. There is often long interval after the appearance of the first sixteen teeth, but from the eighteenth to the thirty-sixth month the four posterior molars make their appearance.

These teeth are deciduous or temporary, and are replaced by the permanent teeth, thirty-two in number, which appear in the following order:—At six and a half years, the first molars, beyond the temporary molars; during the seventh year, the

We give here an excellent illustration of both sets of teeth, i. e. the milk or first teeth and the permanent set. The smaller inside row of teeth are the baby teeth. By thus comparing these two sets, we get a good idea of the different size of the teeth, in child and adult, more of the growth of the jaw.



1 1 central incisors. Next on each side are the lateral incisors. 3d from centre, canine teeth. Two last of inside row are the temporary molars. 6, six-year molars. 12 twelfth-year molars. 20, wisdom teeth.

two middle incisors; during the eighth year, the two lateral incisions; the ninth year, the first *bicusped*, or two-pointed teeth; the tenth year, the second bicusped. These teeth replace the temporary molars, which both in size and shape, were more like the regular grinders. The canine teeth appear during the eleventh and twelfth years, and the second molars the twelfth and thirteenth. From the seventeenth to the twenty-first year the *wisdom* teeth appear. There are then eight incisor, four canine, eight bicusped, and twelve molar teeth.

ILLNESS CONNECTED WITH TEETHING.

Though the period of teething is not necessarily one of illness, yet there are certain disturbances of health so common to that time, that we can anticipate their appearance, and lay down rules for their treatment.

Difficult Teething.—Dribbling, the saliva flowing from the child's mouth, is usually the first intimation that the teeth are coming, but some weeks may pass before a tooth appears. Widening and swelling of the gums, increased irritability, keeping the finger in the mouth, and biting the mother's nipple or teat of the feeding-bottle, are more certain indications.

As the irritability increases, the symptoms become aggravated, the child appears thirsty, takes the breast eagerly, but leaves off sucking in a short time; it cries, is restless and wakeful, and will not be pacified unless kept constantly in the arms. If supposed to be asleep and placed in its bed, it is apt to wake up fretting, and the whole process of quieting must be gone through again. The skin is usually hot and dry, and the cheeks flushed; often there is a bright red spot on one cheek only. At times, the child is pale, food is refused, and generally the breathing is much hurried or irregular. Diarrhœa or cough may be present. These symptoms may be absent, the child getting its teeth without trouble, or more urgent ones may appear. The child constantly starts, wakes out of sleep screaming; there is twitching of the facial muscles and jerking of the limbs; sleeping with the eyes half open, pupils dilated; rolling of the head on the pillow, at times to such an extent as to make the back of the head bald; food may be vomited. There may be unusual drowsiness or heaviness. When these symptoms are present, the brain is suffering sympathetically, and convulsions must be looked for.

There is not however, the same danger as if the

brain were primarily engaged; with the coming through of the teeth the urgent symptoms often pass away, but while they continue, the case requires anxious watching lest there should be a fatal termination, congestion of the brain and effusion being present.

Convulsions may come on without much warning, but are generally ushered in by such symptoms as twitching of the lips and facial muscles, even smiling in sleep is suspicious, twitchings of fingers or toes, jerking of limbs, rolling of the eyes, squinting, unequal dilatation of the pupils, or simple dilatation, screaming at intervals. When fully developed, there is violent muscular contraction, sometimes stiffening of the body, the head being bent back, the hands are clenched, the thumb being often bent into the palm with the fingers closed over it, distorted or staring eyes, at times foaming at the mouth and a protruded tongue, or the child may lay perfectly still, showing but little sign of life. At times, the fits are of an epileptic character; at other times like false croup, the attack being ushered in by a peculiar crowing croupy noise, the child throwing its head back and stiffening itself, and losing its breath. These attacks of spasm of the glottis are more common from

the child getting improper food, and are always attended with great danger.

[Sometimes they are due to effusion in the brain. See Diseases of the Brain, Diseases of Infants and Children, Volume II.]

Convulsive attacks may pass off quickly or return in rapid succession—all trace of them disappearing or being followed by partial paralysis. “The paralysis which attends teething has been known to increase and decrease as the molars are cut.”—*Aitken*. Such cases depending on *reflex* action are more hopeful than those depending on organic lesion.

Disturbance of the Digestive Organs shows itself by the passing of undigested food or by sour, offensive, curdled, greenish white, watery, black-looking, or bloody, slimy, dysenteric stools, attended with straining. Nausea and vomiting may be present.

[In acid children the stomach symptoms are usually aggravated. In alkaline children this may be due to swallowing a large quantity of saliva, as in the case of the child of the late Prof. P. P. Bliss. See p. 228 vol., I., Diseases of Infants and Children.]

Urinary troubles show themselves in the shape of frequent, painful, or scanty urination (it may be pale or high colored), or wetting the bed by children accustomed to give notice.

The mouth is apt to assume a very unhealthy appearance; vesicles, aphthæ, ulcers, whitish, creamy looking deposits, spongy gums, ecchymosis, and in extreme cases, gangrene or sloughing being observed.

The Glands of the neck may enlarge and abscesses form.

Cough and Bronchial attacks are often noticed in connection with cutting the teeth, but care must be taken not to mistake the hurried breathing of irritation for bronchitis or pneumonia, or to neglect the latter, thinking it is only irritation.

Earache, with discharge from the ear, or inflammation of the eyes, may be present.

Eruptions are often present during the time of teething, but not always arising from this cause.

Absence of the teeth or slow Development arises from defective nutrition, the teeth may be entirely absent. In the case of second teeth, want of room, or obstruction from temporary teeth may delay their appearance.

Decay or Toothache is a trouble to the young as well as the old, the temporary teeth often giving much trouble, an inherited constitution is probably the cause. The pain and inability to masticate food is hurtful to the child's health.

TREATMENT.

In domestic practice a name or a prominent symptom frequently leads to a quick choice of a medicine, or several in succession, and the result in many cases is failure. A medical man brings his knowledge of disease to bear on the subject, and he seeks to find a cause for the symptoms before him. Does the fretfulness, etc. arise entirely or in part only from teething, or is some illness setting in? Are the head symptoms secondary, or is there disease of the brain or its membranes? Is there anything wrong with the food, are the feeding bottles clean, has indigestible food been given, has the breast milk began to disagree? Has the child been frightened? These are the questions he seeks an answer for before prescribing.

Auxiliary Measures are so often of use, that there are but few cases where something cannot be done to improve the general condition or lessen discomfort.

Lancing the Gums is one of these means that we may employ if a tooth is pressing against the gum and a slight incision will set it free. In some few cases where there is great tension of the gums, relief may be obtained by slightly scarifying it. But in-

discriminate lancing the gums is an unwise practice, not altogether free from risk as much blood may be lost, this is not an imaginary evil. The gum may close again over the tooth, becoming hardened. If a tooth can be helped by rubbing with the handle of a tooth brush, or the child biting on an India rubber ring, it is better as the cutting then is by the tooth itself.

[Pressing with the edge of the finger nail upon the sharp edge of the incisors and the outer edge of the molar will readily cut them through in many cases.]

A Warm Bath ranges in temperature from 92° to 98° Fahrenheit, a tepid from 85° to 92° A hot bath is over 98° and should not be given to a child. When the skin is hot and dry a bath of a temperature from, 94° to 96° will be found in most cases very soothing; the child should be put in slowly, the temperature being regulated before. If the chest is affected the water should not be allowed to come above the waist. A small blanket should cover all, except the child's head, to keep in the moist heat. If care is taken not to let the bed get wet, first one part of the body, then another, may be washed with warm water while the child is lying down. As each part is done it can be covered over. This is very grateful to children or adults when feverish.

[A yard or two of sheet gum or rubber cloth should be in every house to use on such occasions.]

A child may be allowed to remain in a bath from three to twelve minutes, (additional warm water being slowly added if the bath is getting cool,) according as it seems to enjoy or be benefitted by it, but should be well dried and put in bed immediately after. It will often pass water in the bath, this should if possible be ascertained, as otherwise a point on which there may be some anxiety is unknown.

Nursing the Child at the breast, constantly is very objectionable. The child should be kept in its own bed, as much as possible, when not allowed to be up; and get the breast or other food as near its regular hours as circumstances will admit of, allowance being made for its being thirsty, or taking only a small quantity at a time. [Water should be offered it frequently.]

When laid down, it may often be soothed off to sleep by the mother sitting by the bedside, resting her hand on the child, [or holding its hands.]

These are apparently little matters, but those accustomed to children will not undervalue them.

The Administration of Medicine as to the mode of giving it, and frequency of repetition must depend

very much on the state of the child. The quantity should not be large for there is often difficulty to get it taken, half a teaspoonful of a solution for infants or a teaspoonful for older children being sufficient; a crushed globule may be placed on the tongue, this can be done when there is inability to swallow as in convulsions, or two or three drops of the solution may be added to a little powdered white sugar, and used in the same way; or the liquid in the bottle, or a little on a handkerchief may be held near the nostril to be inhaled. In cases of irritability, diarrhœa, etc., the dose should be repeated at intervals of from half an hour to three and four according to the urgency. In convulsions, or while they threaten, a dose may be given every five or ten minutes until improvement begins. If the medicine is changed a fresh spoon and medicine cup should be used.

In mixing the medicine if such a strength as the third or sixth is used, two drops of liquid, or nine globules, may be put in nine teaspoonfuls of cold water, and well mixed by pouring from one tumbler to another about thirty times.

[If the child objects to cold water the spoon may be warmed by dipping it for a moment into hot water].

TREATMENT OF IRRITABILITY, ETC.—The medicines that will be most useful are *Aconite*, *Belladonna*, *Chamomilla*, *Coffea*, *Helleborus*, *Ignatia*, *Pulsatilla*. The *Chamomilla* and *Belladonna*, being the two most frequently needed. An occasional warm bath of a temperature of 94° will often help very much.

Convulsions will require *Belladonna*, *Chamomilla*, *Cicuta virosa*, *Cuprum*, *Hyoscyamus*, *Ignatia*, *Ipecacuanha*, [*Gelsemium*, *Tartar emetic*,] *Nux vomica*, *Opium*, *Veratrum*, *Veratrum viride*, or *Camphor*. A warm bath temperature 96° to 98° may be got ready and the child immersed in it up to the waist. But a more effectual remedy is within reach, cold water should be dashed from the hand, with some little force on the child's forehead. And this should be repeated at intervals till the child is roused out of the fit.

Belladonna is the medicine that is most likely to be needed, and is also an excellent remedy for convulsions and spasm of the glottis.

Ignatia is perhaps the next most valuable.

Veratrum viride, if all that is said of it is correct, will prove a medicine of much value. [It is a most valuable remedy where the fits follow each other rapidly.]

In some cases *Opium* will be found of great use,

if the other medicines fail to act, or if there is great drowsiness or coma, retention of urine, or restless nights, with moaning, jerking of limbs, and grasping with the hands.

Nux vomica.—Convulsions with painful and violent muscular contractions, etc., see indications on another page.

Sulphur may be given where the system needs to be roused, it is especially serviceable where there has been any suppression of eruptions.

[*Gelsemium* is a valuable remedy when there is a bloated look. *Tartar emetic* low is said to relieve most quickly].

When other remedies fail, the child may be allowed to smell some spirits of *Camphor*, this powerful medicine is of use in epileptic convulsions, and may be used in the same way in the convulsions of children.

[*Chloroform* or *Chloral* are often resorted to. When there is a tendency for the convulsions to return *Kali bromatum* may be given. See Convulsions Diseases of Infants and Children, Vol. II.]

PARALYSIS, following or coming on without convulsions may be treated by *Aconite*, *Arnica*, *Belladonna*, *Cocculus*, *Nux vomica*, *Plumbum*, *Ihus*;

other medicines may be consulted but these promise most help.

DIARRHŒA frequently occurs in connection with teething, and must be treated in accordance with the characters it presents, the medicine most likely to meet these being one of the following: *Arsenicum*, *Chamomilla*, *Mercurius*, *Rheum*, *Sulphur*, *Veratrum*.

The indications for these and other medicines are given at length, under the head "diarrhœa of children" in my book on "Cholera, Diarrhœa, Indigestion," etc.

[Consult Feeding and Management of Children, also Diseases of Infants and Children. Vol. I.]

APHTHÆ AND ULCERATIONS of the mouth will require *Arsenicum*, *Chamomilla*, *Kali hydriodicum*, *Mercurius*, *Nux vomica* and *Sulphur*.

Borax in solution may be used as a local application, as it owes its virtues to its Homœopathic action, but if any medicine is being used, an interval of one to three hours should be allowed to intervene after using the lotion, before it is again administered.

VOMITING should be treated along with other symptoms, but if it is very persistent *Ipecacuanha* every half-hour may be given.

URINATION.—Retention of urine should be treated with *Belladonna*, or *Opium*, painful urination with *Cantharis*.

[*Aconite* when there is a feverish, nervous restlessness, and *Hyoscyamus* where there is present a nervous spasmodic action of the neck of the bladder, are valuable remedies].

A warm bath, temperature from 96° to 98° will be of use; the water need not reach higher than the waist.

FEVERISHNESS requires *Aconite*, *Belladonna*, or *Chamomilla*, but when found in connection with irritability one of the other medicines mentioned at page 26 may be needed.

If other symptoms are present, the directions for administration of the medicines given on another page should be followed.

Sponging the child with warm water, or a bath of a temperature of 94° to 98° (the usual caution of slowly immersing the child being attended to), will be found a valuable auxiliary.

GLANDULAR SWELLINGS.—*Belladonna* or *Mercurius*, [*Calc. iod.*]

COUGH hoarse or dry, *Aconite*, *Chamomilla*, *Hyoscyamus*, *Ipecacuanha*. If accompanied with wheezing, *Chamomilla*, *Hepar*. *Antimonium tartaricum*,

Ipecacuanha and *Sambucus*; with bronchitis or pneumonia, *Aconite*, *Antimonium tartaricum*, *Belladonna*, *Bryonia*, *Hepar sulphur*, *Phosphorus*, *Sulphur*.

EARACHE, and discharge from ear: *Belladonna*, *Chamomilla*, *Mercurius*, *Pulsatilla*.

SLOW DEVELOPMENT OF TEETH.—*Calcarea carb.* [*Calcarea phosphorica*,] *Silicea*, *Sulphur*, are the remedies resorted to for this; their action should be helped by the administration of nourishing diet, beef-tea, with good cow's milk, Hard's, or some other good farinaceous food, ivory jelly,* etc. When old enough, oatmeal porridge and wheaten bread will be found useful.

TOOTHACHE, in my experience, is more frequently relieved by *Mercurius*, in doses given every fifteen or thirty minutes, than by any other medicine. For toothache of children, *Chamomilla* is next most useful; then *Belladonna*. [Remember *Chamomilla* for left side, while *Belladonna* is for right side cases]. *Aconite*, *Coffea*, and *Staphysagria*.

In some cases, a drop of the *Tinctura pyrethri* dropped on cotton wool, and placed between the

* This may be made by soaking ivory dust and boiling it a long time. The dust may be obtained at Saunders, 222 Holborn, London, or of any worker in ivory, or ordered through Duncan Bros., Chicago. See "Feeding Infants and Young Children."

gum and cheek, causes a copious flow of saliva, and gives immediate relief. A drop of tincture of *Arnica* placed in the hollow of a decayed tooth, sometimes relieves pain, but from the tendency of *Arnica* to bring on an attack like erysipelas, many object to use it.

Where relief cannot be obtained, as well as for crowding of the teeth, a visit to the dentist may be needed; but, owing to the pain and shock, as well as the risk of the jaw being contracted, one shrinks from extraction if it can possibly be avoided.

ERUPTIONS are frequently attributed to vaccination or teething, but may occur independently of either. They are sometimes very inveterate, continuing at times through the whole period of dentition.

Parents in their anxiety to get rid of these troublesome and unsightly ailments, will often resort to measures that are very injudicious. A repelled rash is notoriously dangerous. Medical men are more cautious in the use of local applications. The medicines most frequently needed are *Arsenicum*, *Clematis*, *Mercurius*, *Hepar sulphuris*, *Rhus*, *Staphysagria*, and *Sulphur*.

MEDICINES AND INDICATIONS FOR THEIR USE.

The medicines given in SMALL CAPITALS are those in every day use. Those in *italics* are medicines less frequently needed, but such as should not be forgotten in troublesome cases; a reference to the *Materia Medica* showing the circumstances in which they may be most serviceable.

Much more might be added as to the action of the medicines, but as the object is to give prominence to the leading symptoms that a selection may be quickly arrived at, reference must be made to the *Materia Medica* for other points.

Where a doubt exists as to which medicine should be given, three doses of one and then three doses of the other may be used; this gives the opportunity of ordering one medicine only to be continued if marked improvement has followed its use. This method is very superior to the not very judicious one of giving medicines alternately.

Aconite is indicated where there is fever, chilliness, followed by dry burning heat, or heat without the chill, thirst, local inflammation, pain.

Wakefulness at night, restless from feverish heat.

Anxiety, fear, great sensitiveness to pain, ill effects of fright.

Headache, giddiness, numbness, paralysis.

Face-ache, toothache, distortion of muscles of face.

Hoarse cough, short dry cough, spasmodic cough, pain in chest, palpitation, shortness of breath.

Arsenicum.—Vomiting with prostration, diarrhœa in connection with teething, ophthalmia, eruptions, aphthæ, sloughing.

[Drinks often in small quantities. Rapid emaciation].

Belladonna.—Feverishness, anxiety, dread, waking out of sleep screaming, screaming at other times, startings, delirium, rage, violence, headache.

Drowsiness, stupor, sleeplessness, frequent waking, sleeping with eyes half open, rolling of head in pillow, disturbed sleep.

Starting of limbs, trembling, convulsions, stiffening of limbs, immobility, distortion of eyes in the convulsions, dilated pupils, double vision, squinting.

Convulsions with spasm of glottis, child crowing. Flushing of both cheeks, sudden paleness.

Paralysis.

Face-ache, toothache with swelling of face.

Earache, discharge from ears, bleeding from nose.

Sore throat, glandular swellings.

Suppression or retention of urine; at times frequent urination, wetting the bed.

Severe abdominal pain, diarrhœa.

Calcareo carbonica.—An excellent medicine for scrofulous rickety children. Of use in cases of slow teething, peevishness and restlessness, painful swelling of gums.

Distension of abdomen, pain in abdomen, enlargement of mesenteric glands.

Diarrhœa; sour, watery, pappy, involuntary, or whitish stools.

In protracted cases, where acute symptoms are met by other medicines, *Calcareo carbonica* and *Sulphur* are of much value. In such cases a dose of either may be given night and morning, and whatever else is needed at other times.

[*Calcareo phosphorica* is an excellent remedy for peevish, fretful children.

Diarrhœa with much wind; greenish, thin stools, children lose flesh.

Backward in teething.

Open fontanelles; skull soft and thin—cranio-tabes.

Coryza running in a cool room, stopped in warm and out-of-doors.]

Chamomilla.—This valuable medicine is given

where there is feverish restlessness and fretfulness; a desire to be carried about in the arms; short disturbed sleep; moaning and crying, restless tossing about, thirst, aversion to food.

Twitching of eyelids and facial muscles, distortion of eyes, twitching of limbs, convulsions.

Flushings, especially of one cheek, hurried breathing.

Aphthæ.

Diarrhœa, undigested stools, curdled appearance or like chopped egg; mucous light-colored, green, or watery stools; hot offensive actions, colic with action; flatulent colic, distended abdomen, vomiting of food.

Urination painful or involuntary.

Hoarse cough, wheezing, rattling in trachea.

Cicuta virosa.—Itching eruptions. May be used in violent convulsions where other remedies have failed.

COFFEA.—Agitation at night, sleeplessness, waking with a start, drowsiness.

It is also of use for convulsions with grinding of teeth, though of less value for this than some other medicines.

Nervousness and sensitiveness to pain.

Toothache with restlessness and distress.

Cuprum.—When violent convulsions and jerking of limbs are present this medicine may be used, and in some extreme cases may be very valuable; but as the head symptoms are not prominently marked, it is much less useful than *Belladonna*. Where this last has failed, or where there is blueness of the skin it may be used.

[In spasm of the glottis (child crowing) it is a valuable remedy].

Gelsemium.—Is recommended in spasmodic croup, in excessive irritability of mind and body, remittent fever of children, paralysis of nerves of motion. This new American medicine seems still to want more reliable evidence as to its value.

[Where there is also a mild remittent fever].

Helleborus.—Has many symptoms in common with *Belladonna*, such as sleeping with eyes half open, convulsive movements, restlessness. Where effusion on brain is suspected, *Helleborus* may be given.

[*Apis* is indicated when the child cries out sharp; suppression of urine; threatened effusion on the brain].

Hydrastis canadensis may be of use for sore mouth and aphthæ.

IGNATIA.—Like *Chamomilla* this medicine may be given for irritability and fretfulness.

The sleep is disturbed, there is moaning, restlessness, sudden startings, convulsive movements of mouth and twitchings of face; starting when falling off to sleep; the eye is half closed during sleep, or there may be convulsive twitchings of eyelids. Chill, feverish heat, or nausea may be present; also heat in head, heaviness of head, headache, pains in various parts.

Soreness of mouth, painful gums, increased flow of saliva, difficulty of swallowing, soreness of throat, and swelling of glands.

Redness of one cheek or ear, staring pupils of eyes, or contracted or dilated pupils; the breathing is oppressed, a sort of hysterical feeling; watery urine; abdominal pain.

Tenesmus and protrusion of rectum, and urging to urinate, are also indicated by this remedy.

From the general tendency to convulsive movements, this medicine is specially indicated in convulsions accompanied by jerking, twitching movements.

IPECACUANHA is chiefly used for vomiting. It may be given every ten or twenty minutes for three or four doses, or till relief is obtained.

It is also of use for colic pain, and for bloody, greenish or fermented stools.

In cases where an eruption has been suddenly suppressed it is also of use.

Also in convulsive workings of face, jerkings of the arms one towards the other, and in convulsive stiffening of the body. This last characteristic makes it useful in spasm of the glottis, though it may be of inferior value to *Belladonna*.

It may be given for dry cough, or cough with rattling in throat.

Kali hydriodicum.—Enlargement and suppuration of submaxillary gland.

Swelling of gums, ulceration of mucous membrane of mouth, aching of teeth, periosteal inflammation.

MERCURIUS.—Glandular swellings; toothache; when given for this purpose, a dose may be given every ten or fifteen minutes till relieved.

In dysenteric diarrhœa, characterized by straining, with slimy, bloody stools. It is also of use where there are sour stools, or stools looking like chopped egg.

NUX VOMICA.—Wasting of children, nervous weakness and irritability, disposition to quarrel, listless and drowsy, but sleepless at night.

Stiffness or jerking of limbs, painful muscular contractions, convulsions, with bending back of head during the attack, contracted or unequal pupils, headache.

Trembling, weariness, delirium, loss of consciousness, redness of one or both cheeks.

Aphthæ and ulcers in mouth, painful vesicles on tongue.

Hiccough, nausea and vomiting.

Constipation, flatulence, diarrhœa with small actions, dysenteric stools, straining and ineffectual urging.

Retention of urine, urging with inability to pass more than a few drops.

Paralysis.

OPIUM.—Diminution of sensibility and want of response to the medicines that appear to be properly indicated are reasons for giving *Opium*.

It is of use in opposite conditions—at one time it may be given for drowsiness or complete coma, at another for wakefulness or restlessness.

Sleeping with one or both eyes half open, carpalgia or picking of the bed clothes, (a well known symptom in dangerous cases) further point to this medicine as do also trembling or convulsive spasmodic movements of limbs, spasmodic movements

of face or mouth. [*Hyoscyamus* also has picking at the bed clothes, suppressed urine and starting].

Convulsions, clenching of fists, rigidity of body.

Constipation, also suppression or retention of urine.

PULSATILLA is given for pain about gums, peevishness and ill humor; headache, with redness of face.

Feverish heat, chilliness, restless sleep, starting, jerking of limbs, distortion of mouth, anxiety, crying out, drowsiness.

Disordered stomach, white furred tongue.

Flatulent pains, urging to stool as if diarrhœa were threatening, slimy mucous diarrhœa.

Loose cough.

This medicine though inferior to *Belladonna* or *Chamomilla*, will in some cases allay irritability very effectually, and may be given with advantage if otherwise indicated.

Rheum.—This medicine will be found chiefly useful for pappy, sourish mucus stools, with urging and colic pain.

Silicea.—Is a useful medicine for scrofulous rickety children, teething is slow, the glands are enlarged, and there is soreness of the gums.

Staphysagria.—May be given where toothache

arises from decay of the teeth, for soreness of the gum and fretful irritability. [*Kreasote* also].

Sulphur.—Is of use for scrofulous, rickety children; like *Calcareo* and *Silicea* it seems to produce some constitutional change of a beneficial character, especially in chronic cases.

It is of use in cases of suppressed eruptions, where mischief has arisen from their being suddenly checked. But its curative action in this respect explains what we sometimes see, aggravation following its use in skin disease.

It is of use where the gums are swollen and painful and the mouth is sore.

It is a very favorite medicine for constipation for this as well as in treating skin diseases; I think a more marked effect is noticeable from using a low strength, but for the sourish diarrhœa of children, with or without urging, I prefer a higher dilution.

Painful urination is a further indication for its use.

In cases where other medicines seem to want power, *Sulphur*, like *Opium*, seems to arouse the dormant energies.

Veratrum.—Is of use for diarrhœa, characterized by copious watery stools, and rumbling in bowels.

For collapse, great prostration, cold sweat, pains in head.

Convulsive movement of limbs, and sleeping with half-closed eyes, contracted pupils.

Veratrum viride.—Is said to allay pain when attended with excessive sensitiveness. I am inclined to think it will not disappoint expectation.

Cerebral congestion in connection with the convulsions of teething, is likely to be benefited by it. If *Belladonna* and *Ignatia* have failed to do good, and the attack shows great nervous irritability, it may be given.

This is one of the new American remedies that promises to be a valuable addition to our *Materia Medica*.

[For indications for other remedies that may be needed for peculiar cases, see *Diseases of Infants and Children and their Homœopathic Treatment* Vol. I. p. 279, *et seq.*]

CROUP:

AND ITS

HOMCEOPATHIC TREATMENT.

[“Of all the diseases to which children are liable, croup is the one most dreaded by the inexperienced. Everyone, and especially every mother should know that there are five or six different diseases with a croupal cough, *e. g.*, acute laryngitis, spasmodic laryngitis, membranous laryngitis, diphtheritic laryngitis and croupous pneumonia. The one that most frequently attacks children (in America) is the spasmodic—the form most alarming but least dangerous—while the one (membranous) least alarming at the onset is the most dangerous. The author has for several years taken special pains to instruct mothers to readily and clearly distinguish between spasmodic and membranous croup.” See *Feeding and Management of Infants and Children and the Home Treatment of their Diseases*, p. 314, *et seq.* These different forms are all exhaustively considered in Vol. II., *Diseases of Infants and Children*, to which the scientific reader is referred. After reading the above work Dr. Drury sent this

note stating that the following "gives my views of *croup as we see it here.*" American physicians will recognize this as an excellent, though brief, treatise on what is called true croup or membranous laryngitis. Spasmodic croup is often called false croup.]

CROUP (MEMBRANOUS LARYNGITIS.)

Croup is a disease that chiefly affects the larynx and trachea, and is attended with pain and a sense of suffocation; it is marked by wheezing or shrill respiration, hoarseness and feebleness of voice, dry, cracked sounding imperfect cough, and spasms of the laryngeal muscles; while in the larynx, trachea, and adjoining parts, fibro-albuminous membrane may be formed in varying quantity. Though not altogether, it is essentially a disease of childhood, being less common after the age of seven years. Those who have once suffered from it are subject to returns of the complaint, such attacks usually showing a tendency to return till about the fifteenth year. In some children it may not appear till ten or twelve years old. It shows itself in a marked manner in families; all the children in one family suffering more or less from it, while in other families it never appears. It was not till the

last century that this disease was recognized by medical men, though no doubt it had previously existed.

Though an inflammatory disease, it differs from inflammation of the larynx, from which adults suffer, in the deposition of the false membrane, and when this occurs, is spoken of amongst medical men as “membranous croup.”

When this membrane ; which has a white or grey appearance, is formed, it adheres very closely to the mucus surface from which it has exuded, and when coughed up it may come away in shreds and patches, or in the form of casts of the air passages. It is probable that in some cases a natural attempt at cure is made by a thinner and less coagulable fluid being poured out behind the membrane, which thus gets detached. The existence of this membrane as well as the spasm of the muscles, which may be an effort of nature to get rid of the offending matter, are instrumental in bringing about a fatal result in cases where relief is not obtained.

In some cases the tendency to the formation of the false membrane may be less marked, and mucus, pus, or a muco-purulent fluid is secreted in its stead. Happily in a very large number of cases of croup that come under the notice of medi-

oal men, this milder form of the disease is that most frequently met with; were it otherwise, the number of deaths would be greatly increased, for, according to Aitken, in true membranous croup one-half of those attacked die.

This statement probably requires some modification; as it is extremely likely that the formation of the false membrane may only go on, as we know in some cases happens, to a limited extent, and as it is impossible in the early stages of the disease to do more than form a conjecture as to whether false membrane exists or not, it is not unreasonable to conclude that in many of the cases that we see recover, the false membrane has not formed to any great extent owing to the disease being arrested either naturally or by the action of our remedies. The statement may be true as regards those cases that terminate fatally, compared with those where large portions of false membrane is coughed up and recovery takes place.

When the cough becomes loose, whether portions of the membrane are coughed up or not, it is evident that the symptoms are becoming less formidable.

Thus a disease that is so alarming in its onset and in its progress, and so fatal when fully devel-

oped, is mercifully arrested in an early stage in a very large majority of the cases that come under observation. And from the success that attends Homœopathic treatment as a means of cure, we may trust that in it we have been given an instrument for good that may still further materially lessen the mortality, especially in those cases that are seen before any very extensive formation of membrane has taken place.

This disease has no connection with that known as "spasm of the glottis" or "spasmodic croup," though spasm of the glottis may occur in the course of true membranous croup.

[Spasm is dependent upon derangement of the nervous system and may be present in diseases of the brain as well as of the throat. Spasm of the glottis and spasmodic croup are distinct diseases. Spasm of the throat is often present with true croup.]

There is in croup a tendency to relapse that may show itself the day following a cessation of the attack and for some days subsequently. It has been thought that the first seizure is attended with more inflammation, the relapses being characterized by simple spasm.

When death takes place, it is usually about the

third or fourth day, but may be earlier, and is caused by exhaustion or suffocation (apncea, and sometimes by convulsions.)

It is more prevalent in some localities than in others, being worse in our eastern counties. [This disease is worse in damp seasons, would therefore be worse in dampest localities]; and it is said to be less fatal in America than in Europe. [Because America is dryer.]

Dr. Cheyne, of Leith, one of the earliest writers on the subject, Dr. Copland, and others, have given very full and accurate descriptions of the disease. Dr. Aitken, in his *Practice of Medicine*, has collected the opinions of various writers with much care.

SYMPTOMS.

An attack of croup may be ushered in by catarrhal symptoms, but in some cases there is no such premonitory warning. Thus cold in the head, and cough with inclination to hoarseness, are often the first symptoms that attract attention; but it not unfrequently happens that the first notice the disease gives of its presence is the child giving a dry, hoarse, harsh, ringing cough in sleep or on waking, which is followed at intervals by a repetition of this imperfect, unsatisfying cough, that seems to come to

clear away an impediment which it fails to remove. The voice becomes croaky, and after a time the breathing participates in the mischief by becoming whistling and more laboured ; there is spasmodic action of the laryngeal muscles ; the child becomes restless and feverish ; the sleep is broken, and the countenance shows signs of distress.

If relief is not obtained, these symptoms go on increasing in severity ; the child tosses about in bed, and will put its hands to its throat as if wishing to tear away something that was causing distress. At first the red congested features, and then the more purple collapsed look, shows the want of oxygen in the blood ; while the struggles of the little sufferer to get breath, with the peculiar cough and feeble, hoarse voice, point to what if unrelieved must be the end.

In more favorable cases the cough becomes loose ; vomiting may take place, giving considerable relief, especially if accompanied by the coughing up of the false membrane. The harsh, ringing noise lessens, and the cough, though it may for some time appear distressing, still seems to be doing good, not being of that resultless character that it was ; while shreds of membrane may be looked for in the sputa.

The tendency to relapse has been spoken of, but without a more serious recurrence there may for a night or two be a return of croupy symptoms; but once the severity of the disease has been fairly broken, it may be hoped that the danger has passed away; though a loose bronchial cough is apt to remain for a short time, requiring attention.

TREATMENT.

It is needless to say that in dealing with such a formidable disease moments are precious, therefore it is desirable that when the opportunity is afforded, parents with children subject to croup should be instructed how to act at its first onset. I have for several years been in the habit of treating all cases of croup at the commencement with fomentations of hot water, giving medicines internally at the same time. Therefore I caution parents where they are apprehensive of croup coming on, to take care that a supply of hot water can be obtained with as little delay as possible.

To apply fomentations in a satisfactory manner the night-dress should be folded back from the neck as far as possible, or altogether removed; a folded sheet should then be placed under the head and shoulders to prevent the bed being wetted; a piece

of folded flannel or sponge wrung out of water, as hot as the child can bear it without pain, should be applied over the windpipe, and a dry towel placed over this; as the flannel cools, a fresh piece should be quickly applied in its place, the fomentation being continued for half an hour, and after a time repeated if relief is not obtained. When the fomentation is finished, the night-dress, warmed if it has been taken off, should be put on quickly, the wet sheet removed, and a piece of dry hot flannel wrapped round the throat. While this is going on the medicines indicated should be given.

Aconite.—This valuable medicine is one of the best in the commencement of croup, [and will often arrest the disease if given sufficiently early.] It will be found of use for the hoarse premonitory cough, as well as when the more advanced symptoms of inflammatory croup are present. It should be given in urgent cases every ten or fifteen minutes, in less urgent ones every half-hour or hour.

A dry, hot skin, as well as the hoarse cough, is an indication for this medicine. It will often happen that the fomentation, aided by the *Aconite*, checks the disease, nothing further being needed but some *Iodine* every one or two hours if a dry, hoarse cough remains. [If the dry hoarse cough is worse in the

morning *Kali bichromicum* is to be preferred. *Aconite* and *Kali* are the chief remedies indicated in this disease in America.] If the cough be loose and hoarse *Hepar*.

Spongia.—If after the administration of *Aconite* for two or three hours no improvement is perceptible, but rather an increase of the dry hoarse cough, *Spongia* should be given every ten to thirty minutes, and persevered with till the cough becomes looser, or such time as it may be deemed desirable to administer another remedy. [The leading indication for *Spongia* is the attacks of strangling that occur especially at night.] Such change should not be made hurriedly; this is one of the evils of domestic practice, and is a danger that even medical men have to guard against, for what with their own anxiety to see a result, and the importunities of friends anxious to know if something more could not be done, they are sorely tempted to change their remedies, and thus lose the good of what they have been doing. If the friends of a patient could sometimes be made aware of the harm they do by urging a medical man to act contrary to his judgment, they would desist from such attempts. Of course it is the duty of a medical man to resist such foolish interference; but he is nevertheless to be

sympathised with when so beset, for if a man of feeling, he cannot but enter deeply into the anxieties of those around him.

Hepar sulphuris. — When the cough becomes looser *Hepar* may take the place of *Spongia* a dose being given every half-hour or hour; or without waiting for the cough to become loose, should the *Spongia* after a reasonable time not appear to be doing good, this remedy or some other, if better indicated, may take its place. The increase of symptoms, or their continuance after using *Spongia* from two to six hours, or longer, as well as repeating the fomentations, would be a reason for a change of medicine. The chief indications for *Hepar* are, pain in the larynx, aggravated by pressure, speaking, coughing, or breathing; suffocative cough; retching with cough; scraping in larynx, and crying after cough.

As *Hepar* appears to exercise a powerful influence in arresting exudation, or in aiding its removal, the suspicion that the case was one of membranous croup would be an argument in favor of its early use. For the same reason it is a most valuable remedy in diphtheria, in its early or more curative stages.

[According to the experience of American physicians *Hepar* is of little value in diphtheria]

Hydrocyanic acid.—This medicine is perhaps less generally used in Homœopathic practice than it deserves to be. As a remedy for the spasmodic action that causes so much distress it ought to be of much use, and has, I believe, been successfully employed in America for this purpose.

Inflammation of the pharynx, œsophagus and larynx, and spasmodic constriction of throat, are among the effects produced by it, therefore it should be curative in such a state. So that, without letting it take the place of those remedies that we are accustomed to rely on, it would be well in a severe case to give a few doses of it; after *Hepar* had been used for some time a dose of the third decimal dilution might be given every fifteen to thirty minutes for four doses, then four doses of *Hepar*, and in this way the two medicines might be given in succession, the attendant being cautioned to use separate spoons for each. Should marked relief follow the administration of the *Hydrocyanic acid*, it would be well not to be tied to give merely four doses, but rather to go on with it alone for some time longer.

Arsenicum.—Dr. Constantine Hering, of Philadelphia, connecting croup with urticaria, suggests the use of *Arsenicum*. It is indicated by hoarseness; feeling of burning or dryness in larynx; cough with

sense of suffocation or constriction. I gave this medicine with great advantage in a very severe case of membranous croup, when *Spongia* had been given for some time without apparent benefit, following the *Arsenicum*, when the cough became looser, with *Hepar*. This case I reported in the *Homœopathic Times*, that has for some years ceased to exist.

[The restlessness and the thirst for small quantities of water are valuable indications. It is also valuable during convalescence.]

Iodium.—I have seen such good results from this remedy in dry hoarse cough, and have heard it so highly spoken of by the late Professor Henderson, of Edinburgh, as his remedy for croup (given by him in a low dilution) that I have no hesitation in including it amongst those remedies that may be used with advantage, not in preference to the medicines already named, but at certain stages of the disease, and as a remedy that may be resorted to when others have failed [especially in black-eyed children].

Pain in the larynx; feeling of contraction and heat; hoarseness; irritation, and cough brought on by violent tickling in larynx; dry, short, hacking cough; glandular swellings; are among the symptoms that would lead us to select this remedy.

If administered during an attack, it should be given every ten to thirty minutes ; but if for hoarse cough, preceding or following the more acute symptoms, every one or two hours. It is in cases of hoarse cough threatening, or following croup that I place most reliance on *Iodium*.

Antimonium tartaricum and *Ipecacuanha* are given in croup by some of our colleagues, but I suspect in doses of a sufficient size to owe the result more to their nauseating or expectorating properties than to their Homœopathic action. This is not Homœopathic practice, and though it may be useful up to a certain point, is very inferior to that of the proper use of our regular remedies. My Allopathic experience in former years led me at that time to regard *Ipecacuanha*, in repeated doses till vomiting was produced, as one of the best methods of treating croup ; subsequent experience has made me view matters in a very different light. I have seen vomiting of blood brought on by this remedy ; and I have seen a child show, for a long time after recovery, the injury it had suffered from the production of simple nausea and vomiting ; paleness of face taking the place of the previous look of health.

[Inflammation of the lungs is a common result of

these emetics. In such cases *Bryonia* is wonderfully efficient.]

The injury done by the remedies is one of the worst features of Allopathic practice.

For dry tickling cough, or with rattling of phlegm in the bronchi following croup, *Ipecacuanha* may be used.

[This remedy with *Bryonia* given in rapid alternation were the main remedies used by Teste, of Paris. Where cases do not yield this hint should not be forgotten.]

For loose cough with much phlegm, causing a feeling of suffocation, *Antimonium tartaricum* may be given with advantage; it should be given every one or two hours as needed.

If the operation of tracheotomy, to be spoken of presently, be needed—should dysphagia, *i. e.*, difficulty of swallowing, and difficulty of breathing, exist, as they are apt to do after the operation, it would be a further indication for this medicine.

Kali bichromicum.—Though not, strictly speaking, so well marked a croup medicine as some others, yet for the catarrhal symptoms that precede an attack, for the dry cough, the tickling during inspiration, and pain in larynx, the thickened feeling about the bronchi, the reddened appearance of

tonsils, the dyspnœa and cough, wheezing, and rattling, breathing with soreness in the chest, that may be present before a very marked hoarse cough has appeared, or that may follow a croupy attack, it seems to be well indicated; especially when there is cough with tough, copious, or blood-streaked expectoration. Further experience may show us that it is even more valuable during other stages of the disease than we are at present aware.

[*Kali* is the remedy, par excellence, in dry hoarse croupal cough worse in the morning and persistent with or without fever. In some seasons it is the chief remedy.]

Phosphorus.—The irritation low down in the trachea with oppression in chest; the pain, roughness, and burning in the larynx, aphonia and hoarseness; dry, hacking, or loose cough, slightly bloody or muco-purulent expectoration—together with its known value in bronchitis and pneumonia, either of which may follow an attack of croup, point to this medicine as one of our best for cleaning away the remains of an attack. It is possible owing to its proved usefulness in such cases that it has acquired the reputation of being useful in relapses. Like the other medicines recommended in a similar stage of

the illness, *Phosphorus* may be given at intervals of from one to three hours as needed.

DILUTION OF MEDICINES.

The question of higher or lower dilutions being so entirely one of experience, and skill in their application, it may be sufficient to recommend beginners in Homœopathy to use the sixth.

At page 19 directions are given as to administration of medicines, but for older children the quantities may be increased to four or five drops of the liquid in water or four globules.

TRACHEOTOMY.

The consideration of treatment of croup would not be complete without an allusion to the operation of tracheotomy, of which our Allopathic brethren in France have had considerable experience and a larger amount of success than has been met with in England. It is to be hoped that where a Homœopathic physician has been called in early (as should always be done in such an acute disease), the necessity for so extreme a measure may be much lessened; but still cases must be looked for where it is well to remember that such an operation may be performed. Though the results obtained from Allopathic sources are not encouraging, yet great relief is often obtained;

and in some cases this would be a great gain. If the operation be performed we must not neglect those precautions that may help to make it successful, especially that one recommended by Trousseau, to make the opening large. Whether the operation is ultimately successful or not, the child is often spared much suffering, life is prolonged; and in this way time is gained in which the medicines may yet exercise an influence for good. The parents must, however, be cautioned not to calculate too much on the first relief, as it unhappily cannot always be depended on; the urgent symptoms returning, and even the operation itself producing in its results a train of symptoms that become a source of danger.

[The details of this operation are clearly given in Vol. II, p. 694 Diseases of Infants and Children and their Homœopathic Treatment.]

AUXILIARY MEASURES.

[Hopefulness and carefulness have much to do with recovery in cases of croup. Children watch the faces of attendants closely, and fear greatly aggravates a mild case by its depressing influence on the nervous symptoms. In nursing children it is well to give the mother *Aconite* to relieve the nervous anxiousness, she is apt to feel, as well as to medicate the milk. The atmosphere of the sick-room should be kept moist.]

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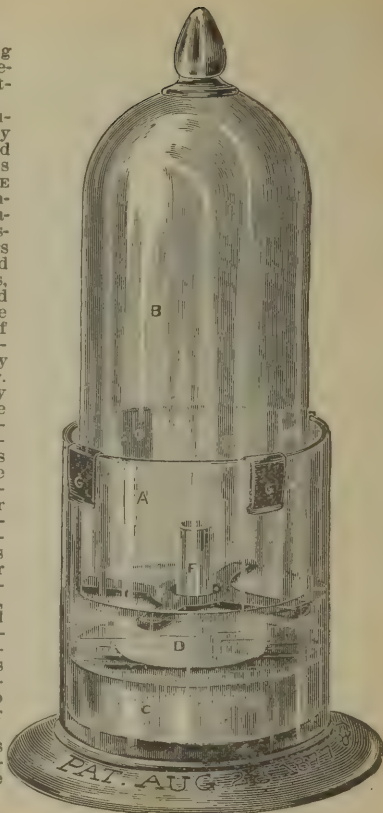
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